06/07/04

#### U.S. EPA WASTE SHIPMENT RECORD FOR REGULATED ASBESTOS WASTE MATERIAL

P.Q. Hazardous Substance: Solid N.O.S. (asbestos): DRM-E NA-9188 This form is prepared in accordance with 40 C.F.R. 61.150(d) (NESHAPs)

	GENERATO	R		
1	Work site name: Federal Center,	Job #: (	122000	263-6
	Location: 4735 E, Marginal WAY	Box #:	2200 King	
	Mailing address: Same 98/34	County:	Kung	,
	Owner's name: General Schrices Admin.	Owner's pl	none:	768 -9580
2	Operator's name: Long Services Corporation	Contractor	I.D. Numb	er: LONGSC*15103/1001
	Mailing address: 8230 5th Avenue S.			·
	Seattle, Washington 98108 Contact person:	Operator's	nhone: (20	06) 763-8433
3		Operator 5	priorie. (20	10) 103-0433
٦	Waste disposal site: (WDS) DESTINATION Name: Columbia Ridge Landfill	WDS phon	a. (503) 45	54-2030
	Mailing address: 18177 Cedar Springs Lane	WDS phon	e. (303) 40	
-	Arlington, Oregon 97812			
	WDS address/location:			
4	Name and address of responsible agency (Local, District or EPA C	Office where den	nolition/renova	ation notification was sent):
	PSAPCA 110 Union Street, Suite 500, Seattle, WA 98101			·
5 [	Description of waste materials	6. Cont	ainers	7. Total Quantity
		Number	Type	(cubic yards)
	Asbestos			
	UAT	3	Bags	1/2
L				
8 [	Special handling instructions and additional information:	,		
	Per WISHA Regs			
9	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this shipping name and are classified, packed, marked and labelted, and are in all resapplicable international and government regulations. (Obtain signature in Item 10	spects in proper	condition for t	ransport by highway according to
- {	LAM Middayd Aneman	May .	Mirks	and of 16
-	Printed/typed name Title	Signature	11/100	Date (MM/DD/YY)
	TRANSPORT	ER		
0	Transporter 1 (Acknowledgment of receipt of materials)	<del> </del>	( .	50/ 5
	Name: DYB TRUCKING STUB	Phone:	206) 3	3-3840
1	Address: BOX 5 35 HOBINE CON			~ Cx
1	KICK CTREEN DRIVER &	full	Sien	7 3/1/6
	Printed/typed name Title	Signature		Date (MM/DD/YY)
11	Transporter 2 (Acknowledgment of receipt of materials)	Dhono	USE	PA SF
	Name: Address:	Phone:		
Ì	Aguless.		133	7359 /
	Printed/typed name Title	Signature	` •	Date (MM/DD/YY)
	WASTE DISPOSA	L SITE	يون در دونها الله المنطقة المنط والمنطقة المنطقة المنط	
2	Discrepancy indication space:		Optio	onal Disposal Location Index
	014.00		X	Y Depth
	STIFFED 10 CRUT	<u></u>		
3	WASTE DISPOSAL SITE CERTIFICATION: I hereby certify that the my knowledge the foregoing is true accurate and complete except as noted in Ite		naterial has be	en accepted and to the best of
	RICK Golored AMEL A	1/2	سرر	21719/
	Distantifund some	Signatura		Date (MM/DD/VV)

P.Q. Hazardous Substance: Solid N.O.S. (asbestos): DRM-E NA-9188 This form is prepared in accordance with 40 C.F.R. 61.150(d) (NESHAPs)

	GENERATOR	3		
1	)	Job #: (	220006	53-6
:	Location: 4735 E. Marginal Way S. Mailing address:	Box #: County:	King	
	maning address.	County.	·	
_	Owner's name: General Services adin.	Owner's p	hone: 7	64-6803
2	Operator's name: Long Services Corporation	Contracto	r I.D. Numbe	er: LONGSC*15103/1001
	Mailing address: 8230 5th Avenue S. Seattle, Washington 98108			
	Contact person:	Operator's	phone: (20	6) 763-8433
3	Waste disposal site: (WDS) DESTINATION			
		WDS phor	ie: (503) 45	4-2030
	Mailing address: 18177 Cedar Springs Lane Arlington, Oregon 97812			
	WDS address/location:			
4	Name and address of responsible agency (Local, District or EPA Of	ffice where der	molition/renova	tion notification was sent):
	PSAPCA 110 Union Street, Suite 500, Seattle, WA 98101			
5	Description of waste materials	6 Con	tainers	7. Total Quantity
	Description of waste materials	Number	Туре	(cubic yards)
	Asbestos			
	UAT	9	Bags	i
8	Special handling instructions and additional information:			
	Per WISHA Regs			
9	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this of shipping name and are classified, packed, marked and labelted, and are in all respapplicable international and government regulations. (Obtain signature in Item 10 I	pects in proper	condition for tr	ansport by highway according to
	LARRY Middaugh forenian	Taus	Muddon	
	Printed/typed name / Title	Signature		Date (MM/DD/YY)
، ن	TRANSPORTE	R	i Antoniopiana para di Antonio	The second secon
0	Transporter 1 (Acknowledgment of receipt of materials)	/	20/)	383-3860
	Name: DEB TRUCKING Address: BOX5 35 HOBART, WAS	Phone: Z		
	Address: Box 5 35 HOBART, WAS		/ / / /	7459/
	Printed/typed name Title	Signature	nee	Date (MM/DD/YY)
1	Transporter 2 (Acknowledgment of receipt of materials)			
		Phone:		
	Address:			, ,
İ	Printed/typed name Title	Signature	<del></del>	Date (MM/DD/YY)
	WASTE DISPOSAL			
2	Discrepancy indication space:		Optio	nal Disposal Location Index
	Ni Ola I		X	Y Depth
4	SHIPPED 10 CRUT			
3	WASTE DISPOSAL SITE CERTIFICATION: I hereby certify that the all		naterial has bee	en accepted and to the best of
	my knowledge the foregoing is true accurate and complete except as noted in Item	1 12.	_	0/
	RICK CREEN NISS A	Signature	reeg	Date (MM/DD/YY)

P.Q. Hazardous Substance: Solid N.O.S. (asbestos): DRM-E NA-9188
This form is prepared in accordance with 40 C.F.R. 61.150(d) (NESHAPs)

	GENERA	TOR		
Work site name: federal (	enter south	Job #: 2	0100	98
Location: 4735 F	Mappinal Way	<b>S</b> Box #:		
Mailing address:	. Marginal way	County:	(i'na)	
Owner's name:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Owner's p	hone:	
Operator's name: Long Service	S	Contracto	r I.D. Numb	er: LONGSC*15103/1001
Mailing address: 8230 5th Ave				
Seattle, Wash Contact person:	nington 98108	Operator's	s phone: (2	06) 763-8433
	STINATION			
•	Ridge Landfill	WDS phor	ne: (541) 4	54-2030
	dar Springs Lane	•	, ,	
	, Oregon 97812			
WDS address/location:			· · · · · · · · · · · · · · · · · · ·	
Name and address of responsible	le agency (Local, District or El	PA Office where dem	nolition/renovat	tion notification was sent):
PSCAA 110 Union Street, Suite	500, Seattle, WA 98101			
Description of waste mater	ials	6. Con	itainers	7. Total Quantity
		Number	Type	(cubic yards)
Asbestos	ACM Pipe lagg	ina 1	4- box	
	Per III		0	
		<b>—</b>		A 4
Special handling instructions ar	nd additional information	n·	<u> </u>	
	ia additional information	111		U
Per WISHA Regs				
OPERATOR'S CERTIFICATION:	hereby declare that the contents o	of this consignment a	re fully and acc	urately described above by proper
shipping name and are classified, packed, mai	rked and labeled, and are in all resp	ects in proper conditi	on for transport	
international and government regulations. (C	Obtain signature in Item 10 before	taking Gold sheet for	r receipt)	
Has læng	foreman	Hays		311191
Printed/typed name	Title	Signature		Date (MM/DD/YY)
	TRANSPO	RTER		
Fransporter 1 (Acknowledgment o	of receipt of materials)		/ \	70- 20-
Name: DOB TRUCKIN,	6	Phone: /	253)	383-3860
Address: BOX 536 H	BAR IN CAG	101		
BICK GREEN	DRIVER B	Sulls	Geen	3 11510/
Printed/typed name	Title	Signature		Date (MM/DD/YY)
Fransporter 2 (Acknowledgment o	f receipt of materials)			
Name:		Phone:		
Address:				
	Title			D-1- (MAYDD000
Printed/typed name	Title	Signature		Date (MM/DD/YY)
	WASTE DISPO	SAL SITE		
Discrepancy indication space:			100000000000000000000000000000000000000	onal Disposal Location Index
	٠.,		X	Y Depth
NASTE DISPOSAL SITE CERTIFI			aterial has bee	n accepted and to the best of my
knowledge the foregoing is true accurate and	complete except as noted in Iten	112.		•
BRENCH COREN		Dulai		03 119101
Printed/typed name	Title	Signature		Date (MM/DD/YY)

P.Q. Hazardous Substance: Solid N.O.S. (asbestos): DRM-E NA-9188 This form is prepared in accordance with 40 C.F.R. 61.150(d) (NESHAPs)

	GENERATO	R
1	Work site name: FR & Benter South	Job#: 2010 125
		Box #:
	Mailing address: 4735 EMARSINAL	County: K \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	Owner's name GRARMA SCHUTCE Ad.	Owner's phone: 7646802
2	Operator's name: Long Services	Contractor I.D. Number: LONGSC*15103/1001
	Mailing address: 8230 5th Avenue South Seattle, Washington 98108	Operator's phone: (206) 763-8433
	Contact person:	(200) 100 0 100
3	Waste disposal site: (WDS) DESTINATION	
	Name: Columbia Ridge Landfill	WDS phone: (541) 454-2030
	Mailing address: 18177 Cedar Springs Lane Arlington, Oregon 97812	
	WDS address/location:	,
4	Name and address of responsible agency (Local, District or EPA O	ffice where demolition/renovation notification was sent):
	PSCAA 110 Union Street, Suite 500, Seattle, WA 98101	
5		
	Description of waste materials	6. Containers 7. Total Quantity Number Type (cubic yards)
	Asbestos 3 Yellow MAS	3   1 :
	Pipe Design	
8	Special handling instructions and additional information:	
	Per WISHA Regs	
9	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this	consignment are fully and accurately described above by proper
	shipping name and are classified, packed, marked and labeled, and are in all respects international and government regulations. (Obtain signature in Item 10 before takin	in proper condition for transport by highway according to applicable
	C. & GL. 12 Handler Factor	g dold singer for recepting
	Printed/typed name Title	Signature Date (MM/DD/YY)
	TRANSPORTI	<b>FR</b>
0	Transporter 1 (Acknowledgment of receipt of materials)	
		Phone: (253) 383-3860
	Address: BOX535 HOBART, WAT RICK GREEN DRIVER &	
		Selboneen 315701
	Printed/typed name Title	Signature Date (MM/DD/YY)
	Transporter 2 (Acknowledgment of receipt of materials)  Name:	Phone:
	Address:	Frione.
	Printed/typed name Title	Signature Date (MM/DD/YY)
	WASTE DISPOSA	
2	Discrepancy indication space:	Optional Disposal Location Index  X Y Depth
3	WASTE DISPOSAL SITE CERTIFICATION: I hereby certify that the a	bove named material has been accepted and to the best of my
	knowledge the foregoing is true accurate and complete except as noted in Item 12.	
	Dendt before	Sulle Spr 1319101
	Printed/typed name Title	Signature Date (MM/DD/YY)

P.Q. Hazardous Substance: Solid N.O.S. (asbestos): DRM-E NA-9188
This form is prepared in accordance with 40 C.F.R. 61.150(d) (NESHAPs)

		SENERATOR
1	Work site name: Fedral Center South Location: 4735 E. Marginal War	Job #: 2020 377
2,3 .	Location: 4735 E. Marginal Was	≥4 S. Box #:
-	Mailing address:	County:
	Owner's name: Gental Service Ada	min Owner's phone: 206 764 - 6802
2	Operator's name: Long Services	Contractor I.D. Number: LONGSC*15103/1001
· `	Mailing address: 21414 - 68th Avenue South	
	Kent, Washington 98032-241 Contact person:	16 Operator's phone: (253) 234-8050
3		
	Waste disposal site: (WDS) DESTINATION Name: Columbia Ridge Landfill	M/DC nhome: (E41) 4E4 2020
	Mailing address: 18177 Cedar Springs Lan	
	Arlington, Oregon 97812	
	WDS address/location:	
4	Name and address of responsible agency (Local, D	District or EPA-Office where demolition/renovation notification was sent):
	PSCAA 110 Union Street, Suite 500, Seattle, W	VA 98101
5	Description of waste materials	6 Containers 7 Total Quantity
	Description of waste materials	Number Type (cubic yards)
	Asbestos Pipe Insulation	1 Bac 5
	The misuration	
8	Special handling instructions and additional in	nformation
	-	West Marie II.
	Per WISHA Regs	•
9		the contents of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according to applicable
	international and government regulations. (Obtain signature in Iter	em 10 before taking Gold sheet for receipt)
	Ridney Vallace Supervisor Printed/lypername	- Rodney Wallace 9 10 02 Signature Date (MM/DD/YY)
	Printed/type name Title	Signature Date (MM/DD/YY)
	TRA	ANSPORTER
10	Transporter 1 (Acknowledgment of receipt of mate	erials)
	Name: Address: MB Thurst	Phone: 333833860
	Address.	
3 (A)	Bukklass Dein	13/055 91570Z
	Printed/typed name Title	Signature Date (MM/DD/YY)
11	Transporter 2 (Acknowledgment of receipt of mate	· · · · · · · · · · · · · · · · · · ·
	Name:	Phone:
7 45 14 13 44	Address:	1 1
	Printed/typed name Title	Signature Date (MM/DD/YY)
	WASTE	E DISPOSAL SITE
12	Discrepancy indication space:	Optional Disposal Location Index
	Distriction of the state of the	X Y Depth
13		by certify that the above named material has been accepted and to the best of my
53	knowledge the foregoing is true accurate and complete except as	s noted in Item 12.
7	David + Solan	Jula Con 91402
	Printed/typed name Title	Signature Date (MM/DD/YY)

### ASBESTOS WASTE SHIPMENT REPORT FORM



Asbestos removal site name and ad	aress:				
4735 5. Margina/ W	1250. S	ATTE '	KING		WA
Street U		lity/State	County		Zip
Contact person: Weinsel	Bernedas	Phone	»:		<u> </u>
Operator's name and address: Long	Services Corporation	Phone	: <u>253-234-805</u>	50	
21414 – 68th Avenue South	K	Cent, WA	King	,	98032
Street		ity/State	County		Zip
Waste disposal site: Northern Wasc	o County Landfill	Phone	: <u>541-296-408</u>	32	
2550 Steel Road		he Dalles, OR	Wasco	·	97058
Street		ity/State	County	•	Zip
Describe asbestos materials:	e transfor				
Containers: Number		Type:		گح	<del></del>
Total quantity (cubic yards):	2×0	<del></del>	. •		
described above by proper sh proper condition for transport		ent regulations. All			
			anv: Lon	g Services Co	rnoration
	Berver as	Comp	Date: Lon	g Services Co	rporation
Name: UPNDAL Signature: Signature: NSPORTER(S): Transporter # (Acknowledgment of	Berny as	Comp	Date:	g Services Co	rporation  Obs Tax
Name:	Por ver a Some of the second of materials)	Company:	Date:(o)	g Services Co	DB Tax
Name: UPNDAL Signature: Signature: NSPORTER(S): Transporter #12 (Acknowledgment of	Por ver a Some of the second of materials)	Company:	Date:(o)	R R	DB Tax
Name: Signature: Signature: Acknowledgment of Agent: MSPORTER(S):  Transporter #7. (Acknowledgment of Agent: MSS)  Signature: MSS  Transporter #2: (Acknowledgment of	receipt of materials)  THE 114 B.  THE CONTROL OF T	Company:	Date:	263 S	DB Tax
Name: WYNDAL Signature: All Signature: (Acknowledgment of Agent: Address: MSE (NC) Signature: MSSS  Signature: MSSS	receipt of materials)  THE 114 B.  THE CONTROL OF T	Company:Phone	Date:	263 S	DB Tax
Name: Signature: Signature: (Acknowledgment of Agent: Signature: Signature: Signature: Signature: (Acknowledgment of Agent: (Acknowledgment of Agent: Signature: Sign	receipt of materials)  THE 114 B.  THE CONTROL OF T	Company: Phone Company:	Date:	263 S	DB Tax
Name: Signature: Signature: Address: Address: Address: Address: Signature: Si	receipt of materials)  THUM B.  receipt of materials)	Company: Phone Company: Phone	Date:	263 S	DB Tax
Name: Signature: Signature: (Acknowledgment of Agent: Signature: Signature: Signature: Address: Signature: Sig	receipt of materials)  receipt of materials)  receipt of materials)	Company: Phone Company: Phone	Date:	263 S	DB Tax
Name: Signature: Signature: Acknowledgment of Agent: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Wasco Constant of Agent: Signature:	receipt of materials)  THE LA B.  receipt of materials)  estos materials covered by the Chell, Site Manager A.	Company: Phone Company: Phone	Date:	263 S	0/3 Tax 260 169
Name: Signature: Signature: Acknowledgment of Agent: Signature: Signature: Signature: Address: Signature: Signature: Signature: Signature: Wasco C	receipt of materials)  THE LA B.  receipt of materials)  estos materials covered by the Chell, Site Manager A.	Company: Phone Company: Phone	Date:	2804 28333 28333 2007	0/3 Tax 260 169
Name: Signature: Signature: Acknowledgment of Agent: Signature: Signature: Signature: Signature: Signature: Signature: Wasco C Waste Disposal Site: Wasco C Name and Title: Nancy Mit	receipt of materials)  receipt of materials)  receipt of materials  receipt of materials  OUNTY LANDFILL  Chell, Site Manager	Company: Phone Company: Phone	Date:	2804 28333 28333 2007	0/3 Tax 260 169

### ASBESTOS WASTE SHIPMENT REPORT FORM



	4735 E. Marg. 121 WAY S.	Sent	He was Kins	98134
	Street	City/State	the ict. King	Zip
	Contact person: B117.1). Contloway		Phone: 206 -764	1-6775
	Operator's name and address: Long Services Corporation		Phone: <u>253-234-8050</u>	
	21414 – 68 <sup>th</sup> Avenue South	Kent, WA	King	98032
	Street	City/State	County	Zíp
	Waste disposal site: Northern Wasco County Landfill		Phone: <u>541-296-4082</u>	
	2550 Steel Road	The Dalles, C		97058
	Street	City/State	County	Zip
	Describe asbestos materials: Q Cm 75 I		710000	
	Containers: Number: 2		Туре: 26995	
	Total quantity (cubic yards):	·	•	
	Name: 1045 Months Waste Shipment Record	:	Company: Long Se	ervices Corporation
	Signature:		Date: /2-6	
L	Signature:  NSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)			
	Signature:  NSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:  Scoff Shaw	c	Date: 12-6  ompany: 23-3-3	05 B3:3860
L.A	Signature:  NSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:  Scoff Shaw	ca	Date: 12-6  ompany: 23-3-3	05 B3:3860
	Signature:  NSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:  Address:  Scott Shaw  Address:	TACJUA	Date: 12-6	83-3862 -16-05
2.4	Signature:  NSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:  Address:  Signature:  Transporter #2: (Acknowledgment of receipt of materials)	TACJUA	Date: 12-6  Date: 12-6  Date: 12-6  Date: 12-6	833660 -16-05

## ASBESTOS WASTE SHIPMENT REPORT FORM



1. Asbestos removal site name and address: Fraenak	Center Sou	H	<u></u>
4735 E Marginal way S.	Seattle	king	98134
Contact person:  Bill Callaway  City	y/State Phone:	County	Zip
2. Operator's name and address: Long Services Corporation			
21414 – 68 <sup>th</sup> Avenue South Ke			98032
	y/State	County	Zip
3. Waste disposal site: Northern Wasco County Landfill	Phone:	541-296-4082	
Street : City	v/State	Wasco County	97058 Zip
1. Describe asbestos materials:	pe insulation	N :	
Describe asbestos materials: TSI procession of the containers: Number: 7	Type:	base	_
5. Total quantity (cubic yards):			
7. OPERATOR'S CERTIFICATION: I hereby declare to described above by proper shipping name and are classist proper condition for transport according to all government material is recorded on this Waste Shipment Record For Name:	fied, packaged, marke ent regulations. All m m.	d and labeled, and are in all ovement of this asbestos-cor	respects in ataining
Signature:	D	ate: $3 - 9 - 06$	
TRANSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:	Company:	D & B TRUCKING	
			· · · · · · · · · · · · · · · · · · ·
Address: 1905 E. LINCOLN AVE, TACCMA, WA	Phone:	(253) 383-3860	
	Phone:		
Address: 1905 E. LINCOLN AVE, TACCMA, WA  Signature: Most Man  Transporter #2: (Acknowledgment of receipt of materials)	Phone:	(253) 383-3860 Date: <u>プークフーの</u>	
Address: 1905 E. LINCOLN AVE, TACCMA, WA  Signature: Most Man  Transporter #2: (Acknowledgment of receipt of materials)	Phone: Company:	(253) 383-3860 Date: <u>プークフーの</u>	
Address: 1905 E. LINCOLN AVE, TACCMA, WA  Signature: Most Man  Transporter #2: (Acknowledgment of receipt of materials)  Agent:	Phone: Company:	(253) 383-3860 _ Date: <u>プークフーの</u> G	
Address: 1905 E. LINCOLN AVE, TACCMA, WA  Signature: Most Man  Transporter #2: (Acknowledgment of receipt of materials)  Agent: Address:	Phone: Company: Phone:	(253) 383-3860  _ Date:	
Address: 1905 E. LINCOLN AVE, TACCMA, WA  Signature: Most Man.  Transporter #2: (Acknowledgment of receipt of materials)  Agent: Address:  Signature: Signature: Certification of receipt of asbestos materials covered by this	Phone: Company: Phone:	(253) 383-3860  _ Date:	
Address: 1905 E. LINCOLN AVE. TACCMA, WA  Signature:	Phone: Company: Phone:	(253) 383-3860  _ Date:	
Address: 1905 E. LINCOLN AVE. TACCMA, WA  Signature:	Phone: Company: Phone: s manifest, except as no	(253) 383-3860  _ Date: Date: Date: MAR 7.6.70	
Address: 1905 E. LINCOLN AVE. TACCMA, WA  Signature:	Phone: Company: Phone: s manifest, except as no	(253) 383-3860  Date:	
Address: 1905 E. LINCOLN AVE. TACCMA, WA  Signature:	Phone: Company: Phone: s manifest, except as no	(253) 383-3860  Date:	
Address: 1905 E. LINCOLN AVE. TACCMA, WA  Signature:	Phone: Company: Phone: s manifest, except as no	(253) 383-3860  Date:	

### ASBESTOS WASTE SHIPMENT REPORT FORM



Aspestos remova	l site name and addres	s: FEDG		week goilt	
<u>4735 E.</u>	MARGINAL	WAY	SEATTLE, WA	County	98/34 Zip
Contact person:	Billy D.	GALL	•	Phone: <u>206-7</u>	•
_				Phone: <u>253-234-805</u>	
21414 - 68th Ave	nue South			King	98032
_	treet	. T 1633	City/State	County 541 206 408	Zip
	te: Northern Wasco C	ounty Landfill		Phone: <u>541-296-408</u>	97058
2550 Steel Road S	treet		The Dalles, C	OR Wasco County	2ip
Describe asbestos	materials: MAG	-			
Containers:	Number:	5 4°	LOW BARS	Type: DOUBLE	GML BAGS
Total quantity (cu	ibic yards):	.5			•
material is:  Name:	recorded on this Wast	e Shipment Rec	ord Form.	ons. All movement of the Company:Long	g Services Corporation
				Date: <u>6-9</u>	206
Agent:	Acknowledgment of rece E. LINCOLN AVE,	Locas		ompany: D & B TRI	
<del> </del>	B. GINCOLLY AVE.	incarr, w		Phone: (253) 383	7 -
• ,	Acknowledgment of rece	•		Date: <u></u>	1000
Address:			•	Phone:	
Signature:				Date:	
OSAI • (Cartificat	ion of receipt of achecto	c materials cover	ad by this manifest a	except as noted in item 11	helow )
Waste Disposal Si	•	ATV ANDELL	su by this mannest, e	/	
, aste Dioposai oi	1 3111 101 100	12		_ Date:	JUN 2 6 2006
Name and Title		11/1-1	MINIXI		
Name and Title:		1 16 U.L.		Phone:	CRALDUG_AAR
Signature:	SPACE (Kild and le	My Manual Control of C		Phone:	541-296-4082
Signature:	SPACE: (Add attachn	nents as needed)		Phone:	541_296-4082

## ASBESTOS WASTE SHIPMENT REPORT FORM



4735 GIMARGINAL WY. SO	SIEHTTLE	- South	98134
Street	City/State	County	Zip
Contact person: Bill Galloway		_ Phone: 206 764	6775
Operator's name and address: Long Services Corporation			
21414 – 68 <sup>th</sup> Avenue South			98032
Street	City/State	County	Zip
Waste disposal site: Northern Wasco County Landfill	· · · · · · · · · · · · · · · · · · ·	Phone: <u>541-296-4082</u>	•
2550 Steel Road Street	The Dalles, (	OR Wasco County	97058 · Zip
Describe asbestos materials: Pipe INSULA;	MON		
Containers: Number:	<del></del>	Type: BAGS	
Total quantity (cubic yards):55			
described above by proper shipping name and are proper condition for transport according to all governaterial is recorded on this Waste Shipment Record	ernment regulati rd Form.	ons. All movement of this	asbestos-containing
Name: WENDELL BERNAUA			
Signature:		Date: 6-21	<i>-01</i>
NSPORTER(S): Transporter #1: (Acknowledgment of receipt of materials) Agent:	Co	ompany: D & B TRUCI	KING
Address: 1905 E. LINCOLN AVE. TACCMA, WA	·	Phone: (253) 383-	3860
Signature: PLe 763		Date: <u>(</u>	2207
Signature: 163 Transporter #2: (Acknowledgment of receipt of materials)			2207
Signature:		ompany:	2207
Signature: 163 Transporter #2: (Acknowledgment of receipt of materials)			2207
Signature:	C	ompany: Phone: Date:	2207
Signature:	C	ompany: Phone: Date: except as noted in item 11 bel	(22c) ow.)
Signature:	C	Date:  Date:	0w.) N 2 5 2007
Signature:	C	Date: Date: Date: Date: Date: Date: Date:	(226) ow.)
Signature:	C	Date:  Date:  Date:	0w.) N 2 5 2007
Signature:	C	Date: Date: Date: Date: Date: Date: Date:	0w.) N 2 5 2007

### ASBESTOS WASTE SHIPMENT REPORT FORM



	ASTE GENERATOR: (Contractor, Facility, or Operator)
1.	Asbestos removal site name and address: TED. 13 W DING 36: 47735 E MARGINAI WY, S. SEATTHE WA KING 98134
	ASTE GENERATOR: (Contractor, Facility, or Operator)  Asbestos removal site name and address: FEO. Bulloing So.  47735 E MARGINAI WY, S. SATTIE WA KING 18134  Street City/State County Zip
	Contact person: Phone:
2.	Operator's name and address: Long Services Corporation Phone: 253-234-8050
	21414 – 68 <sup>th</sup> Avenue South Kent, WA King 98032
	Street City/State County Zip
3.	Waste disposal site: Northern Wasco County Landfill Phone: 541-296-4082
	2550 Steel Road The Dalles, OR Wasco 97058 Street City/State County Zip
4.	Describe asbestos materials: DOOR INSULATION
5.	Containers: Number: / DOGK Type: WEARPED
6.	Total quantity (cubic yards):
	7. <b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.
	Name: WENDELL BERNA-DA9 Company: Long Services Corporation
	Signature: Date: 4-4-07
TR.4 8.	ANSPORTER(S):  Transporter #1: (Acknowledgment of receipt of materials)  Agent:  Address: 1905 E. LINCOLN AVE, TACCMA, WA  Phone: (253) 383-3860
	Signature: Date: $4^{-1/1}$ Date: $4^{-1/1}$ Date: $4^{-1/1}$
9.	Transporter #2: (Acknowledgment of receipt of materials)  Agent: Company:
	Address: Phone:
	Signature:Date:
DISI	POSAL: (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)
10	Waste Disposal Site:  Waste Disposal Site:  Linda Miller
10.	Name and Title: Linda Miller Date: APR 1 2 2007
	Name and Title: Date: APR 1 2 2007  Signature: Phone: 541-296-4082
11.	DISCREPANCY SPACE: (Add attachments as needed)
·	7
•	
**	

### ASBESTOS WASTE SHIPMENT REPORT FORM



WASTE GENERATOR: (Contractor, Facility, or Operator)  1. Asbestos removal site name and address:		o C	
1. Asbestos removal site name and address:	RAL CENTE	ER Sound	00.01/
4735 E. MAGINAL WY	3- SEATTLE (	WA KING	78/34 Zip
4735 E. MAGINAL WY Street  Contact person: DIII GALLOWAY	City/State	Phone: 206 7646	7 <del>75</del>
<ol> <li>Operator's name and address: <u>Long Services Corporatio</u></li> </ol>		Phone: <u>253-234-8050</u>	
21414 – 68 <sup>th</sup> Avenue South	Kent, WA	King	98032
<del></del>	2 <b>.</b> , 2	County	Zip
3. Waste disposal site: Northern Wasco County Landfill		Phone: <u>541-296-4082</u>	
2550 Steel Road Street	The Dalles, OR City/State	Wasco County	97058 Zip
4. Describe asbestos materials: Pipe INSINATI			<b>Σ</b> ιμ
5. Containers: Number:		Type: 184G	
5. Total quantity (cubic yards):			
proper condition for transport according to all governaterial is recorded on this Waste Shipment Recorded Name: WEXDE/(13ERWAD)	rd Form.		·
Signature:		Date: 5 - 16	
TRANSPORTER(S):			•
Transporter #1: (Acknowledgment of receipt of materials) Agent:	Com	pany: D & B TRUCKING	}
Address: 1905 E. LINCOLN AVE. TACCMA, WA		Phone: (253) 383-3860	
Signature: Signature:		Date: C	
Transporter #2: (Acknowledgment of receipt of materials)  Agent:	Com	pany:	
Address:	•	Phone:	
Signature:		Date:	
DISPOSAL: (Certification of receipt of asbestos materials covered	· ·	ept as noted in item 11 below.)	
0. Waste Disposal Site:	FII ( )		11.1
Name and Title: WASCO COUNTY LANDI		Date:	UN 1.1. 2057
Signature:	/ J / 4 lll	Phone:	
DISCREPANCY SPACE: (Add attachments as needed)			